



Notice of Independent Review Decision - WC

IRO REVIEWER REPORT – WC

DATE OF REVIEW: 02/12/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar facet block at the L5-S1 level

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified in Orthopedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute:

- Lumbar facet block at the L5-S1 level - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was injured on xx/xx/xx. He felt a sharp pain that quickly developed into a dull pressure and a shooting pain down the right leg. X-rays and MRI are performed. Claimant received treatment to include PT, TENs unit, medications, and ESIs.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The MRI shows wide spread multilevel degenerative changes with facet arthrosis. There are no specific findings to suggest that the facet joints are implicated as the pain generator. Palpation exam is normal. The injured employee was diagnosed with radiculopathy and was treated with two epidural injections with some success. The Official Disability Guidelines would not support this specific request to be one of medical necessity. This reference would not support this request to be one of medical necessity, as there is documentation of continued radicular symptoms, as well as stenosis on the MRI, which is a contraindication to facet injections. Therefore the injections are not medically reasonable or necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☒ **MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☒ **ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**